

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
1007363743

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
9		1					
10		1					
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48							
49							
50							
TOTAL IND.	1						
TOTAL DEP.	30	←	←	←	↓		
TOTAL CLAIMS	31	██████████	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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94							
95							
96							
97							
98							
99							
100							
TOTAL IND.					↓		
TOTAL DEP.			←	←	↓		
TOTAL DEP.			←	←	↓		
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████	██████████